

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1285

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 314	
1. PLACE OF DEATH a. COUNTY Jackson b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City c. LENGTH OF STAY (in this place) 32 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION 4718 Jarboe				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City d. STREET ADDRESS (If rural, give location) 4718 Jarboe			
3. NAME OF DECEASED a. (First) Albert (Type or Print) b. (Middle) Herman c. (Last) Meyer				4. DATE OF DEATH (Month) (Day) (Year) Jan 19 1950			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH SEPT 11 1919	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Trainman		11. BIRTHPLACE (State or foreign country) Texas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Lola Meyer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 707-06-1015		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola Meyer		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, Massive Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Coronary Thrombosis DUE TO (c) Coronary Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION None.		INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 6 wks 2+ Yrs.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Dec 5, 1949, to Jan 19, 1950, that I last saw the deceased alive on Jan 19, 1950 and that death occurred at 4:10 p. m., from the causes and on the date stated above. 23a. SIGNATURE Roy T. Boody (Degree or title) MD 23b. ADDRESS 217 Plaza Five Plaza KC Mo 23c. DATE SIGNED Jan 20 1950 24a. BURIAL CREMATION REMOVAL Burial 24b. DATE 1/21/50 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 1-21-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure		ADDRESS Kansas City, Mo.	

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.